



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		72764.90
(b) Cash on Hand at Beginning of Reporting Period.....	2793.70	
(c) Total Receipts (from Line 19) .....	49270.64	314331.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	52064.34	387096.29
7. Total Disbursements (from Line 31).....	11192.71	346224.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40871.63	40871.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	195169.62	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2021 To: M M / D D / Y Y Y Y Y 10 / 31 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42425.21	231448.12
(ii) Unitemized .....	2259.14	34581.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44684.35	266029.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	44684.35	266029.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	4586.29	48302.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	49270.64	314331.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49270.64	314331.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6641.42	310087.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6641.42	310087.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	31155.56
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	430.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	430.00
29. Other Disbursements (Including Non-Federal Donations).....	4551.29	4551.29
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11192.71	346224.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11192.71	346224.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	44684.35	266029.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	430.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44684.35	265599.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6641.42	310087.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4586.29	48302.04
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2055.13	261785.77

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Aarseth, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 970 Village Green Drive  
 City Allen State TX Zip Code 75013-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2021  
**Transaction ID : SA11AI.42262**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Borchert, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1706 Whitby Avenue  
 City Portage State MI Zip Code 49024-2552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 02 / 2021  
**Transaction ID : SA11AI.42266**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Burdick, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31579 Vintners Pointe Court  
 City Winchester State CA Zip Code 92596-8318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diocese of San Bernardino Occupation (for Individual) Catholic Priest  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 12 / 2021  
**Transaction ID : SA11AI.42267**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Carlson, Carol, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 15th Ave S Apt A  
 City Jacksonville Beach State FL Zip Code 32250-6374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18000.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI.42269**  
 Amount of Each Receipt this Period 18000.00  
 Memo Item

**B. Comstock, Felicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4504 W Spruce St Apt 347  
 City Tampa State FL Zip Code 33607-5886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2021  
**Transaction ID : SA11AI.42271**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cunningham, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10208 Sunflower Lane  
 City San Antonio State TX Zip Code 78213-1926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI.42272**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	19250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. DeMott, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 745 Spyglass Hill  
 City Holland State MI Zip Code 49424-2285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2021  
**Transaction ID : SA11AI.42273**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dobrzanski, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5304 Sapphire Springs Drive  
 City Knightdale State NC Zip Code 27545-7585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Expedient Resource Services Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI.42275**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Endres, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Charmuth Road  
 City Lutherville State MD Zip Code 21093-5209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory Hill Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 09 / 2021  
**Transaction ID : SA11AI.42276**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	685.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Eshleman, Richard, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 987 South County Road 260  
 City Clyde State OH Zip Code 43410-9763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information requested per best efforts Occupation (for Individual) Information requested per best efforts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.21

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI.42278**  
 Amount of Each Receipt this Period 250.21  
 Memo Item

**B. Fletcher, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Bermuda Way  
 City Niceville State FL Zip Code 32578-4141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information requested per best efforts Occupation (for Individual) Information requested per best efforts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2021  
**Transaction ID : SA11AI.42282**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ford, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Doctor Michael Debakey Drive  
 City Lake Charles State LA Zip Code 70601-5951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Home Furniture Co. Occupation (for Individual) Sales Rep  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 60.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI.42283**  
 Amount of Each Receipt this Period 6.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	756.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Hess, Mary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5222 East Larkspur Drive

City Scottsdale	State AZ	Zip Code 85254-4226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) information requested per best efforts	Occupation (for Individual) information requested per best efforts
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

**Transaction ID : SA11AI.42288**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hess, Vincent, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8462 Forest Hills Blvd

City Dallas	State TX	Zip Code 75218-4338
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information requested per best efforts	Occupation (for Individual) Information requested per best efforts
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

**Transaction ID : SA11AI.42287**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Joss, Kristin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Ashmoor Lane

City Lexington	State NC	Zip Code 27295-9207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2021

**Transaction ID : SA11AI.42290**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Kieffer, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 Blackburn Court  
 City Seven Fields State PA Zip Code 16046-8022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) information requested per best Occupation (for Individual) information requested per best efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : SA11AI.42291**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Koon, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4381 Leonard Street  
 City Coopersville State MI Zip Code 49404-9610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) information requested per best efforts Occupation (for Individual) information requested per best efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 16 / 2021  
**Transaction ID : SA11AI.42292**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Mahoney, Francis, J., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 Northeast 14th Street Apt. 1  
 City Fort Lauderdale State FL Zip Code 33304-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2021  
**Transaction ID : SA11AI.42298**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6035.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Norkus, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Eagle Claw Drive  
 City Hilton Head Island State SC Zip Code 29926-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 25 / 2021  
**Transaction ID : SA11AI.42306**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Novarro, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 North Garfield Avenue  
 City Alhambra State CA Zip Code 91801-1449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : SA11AI.42307**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Obenchain, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4667 Dartmoor Drive  
 City Wilmington State DE Zip Code 19803-4807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : SA11AI.42309**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Oberg, Kent, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 04 / 2021
Mailing Address 1508 North 29th Street			<b>Transaction ID : SA11AI.42310</b>
City Fort Dodge	State IA	Zip Code 50501-2148	Amount of Each Receipt this Period 599.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 599.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ostrowski, David, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 14 / 2021
Mailing Address 4305 Ashford Lane			<b>Transaction ID : SA11AI.42311</b>
City Fairfax	State VA	Zip Code 22032-1436	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Remax		Occupation (for Individual) Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Perri, Anne, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 04 / 2021
Mailing Address 4975 Southwest 65th Avenue			<b>Transaction ID : SA11AI.42314</b>
City Portland	State OR	Zip Code 97221-1172	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Best Buy In Town, Inc.		Occupation (for Individual) Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2599.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Rast, Clay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Brookwood Trail  
 City Waleska State GA Zip Code 30183-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rast Drywall Inc. Occupation (for Individual) Drywall Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.42315**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Rosenberg, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34846 Chancey Road  
 City Zephyrhills State FL Zip Code 33541-3705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 18 / 2021  
**Transaction ID : SA11AI.42317**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**C. Runnebohm, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3177 South 375 East  
 City Shelbyville State IN Zip Code 46176-9245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Runnehobm Construction Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI.42318**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2725.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Sekula-Gibbs, Robert & Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Lakeside Cove  
 City The Woodlands State TX Zip Code 77380-1679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2021  
**Transaction ID : SA11AI.42320**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Spencer, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653 North Golf Links Avenue  
 City Fresno State CA Zip Code 93737-9504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2021  
**Transaction ID : SA11AI.42322**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Sullivan, Thomas, F. P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Ponte Vedra Boulevard  
 City Ponte Vedra Beach State FL Zip Code 32082-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Government Institutes Inc Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : SA11AI.42323**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Van Thorre, James, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14595 W. Rockland Road Unit 328

City Libertyville	State IL	Zip Code 60048-9514
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Van Thorre & Associates	Occupation (for Individual) Accountant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2021  
**Transaction ID : SA11AI.42329**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Young, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1210

City Sylvania	State OH	Zip Code 34276-1807
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Business consultant/investor
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2021  
**Transaction ID : SA11AI.42333**

Amount of Each Receipt this Period  
350.00

Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2350.00
<b>TOTAL</b> This Period (last page this line number only).....	42425.21

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Aneidot, Inc**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1340 Poydras Street  
Suite 1770

City New Orleans State LA Zip Code 70112

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3543.00

Date of Receipt  
10 / 26 / 2021  
**Transaction ID : SA15.42258**

Amount of Each Receipt this Period  
3528.00

Memo Item  
Deposit Error-Transferred to SBA List 10/26/21 (ssee sch B)

**B. Aneidot, Inc**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1340 Poydras Street  
Suite 1770

City New Orleans State LA Zip Code 70112

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4566.29

Date of Receipt  
10 / 26 / 2021  
**Transaction ID : SA15.42259**

Amount of Each Receipt this Period  
1023.29

Memo Item  
Deposit Error- Transferred to SBA List 10/26/21 (See sch B)

**C. Susan B Anthony List, Inc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2800 Shirlington Rd  
Ste 1200

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
161035.00

Date of Receipt  
10 / 27 / 2021  
**Transaction ID : SA15.42357**

Amount of Each Receipt this Period  
35.00

Memo Item  
Deposit in error refund (See Sch B)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4586.29
<b>TOTAL</b> This Period (last page this line number only).....	4586.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot, Inc**

Mailing Address 1340 Poydras Street  
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.42336**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blackbaud**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.42338**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blackbaud**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Deposit in error fee (See Sch A)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.42335**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial) <b>A. Design 4 Advertising</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021	
Mailing Address 106 N Collins St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.42341</b> Amount of Each Disbursement this Period [ ] 157.50	
City Plant City	State FL	Zip Code 33563	Category/ Type [ ]
Purpose of Disbursement Design and Production of Campaign Plan		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Design 4 Advertising</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021	
Mailing Address 106 N Collins St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.42342</b> Amount of Each Disbursement this Period [ ] 3975.00	
City Plant City	State FL	Zip Code 33563	Category/ Type [ ]
Purpose of Disbursement Design and Production of Campaign Plan		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Four Star Printing</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021	
Mailing Address PO Box 567		FEC Identification Number C [ ] <b>Transaction ID : SB21B.42343</b> Amount of Each Disbursement this Period [ ] 122.92	
City Lovettsville	State VA	Zip Code 20180	Category/ Type [ ]
Purpose of Disbursement Postcards		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4255.42
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Four Star Printing**

Mailing Address PO Box 567

City Lovettsville State VA Zip Code 20180

Purpose of Disbursement  
Envelopes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2021

FEC Identification Number

C [ ]

Transaction ID : SB21B.42346  
Amount of Each Disbursement this Period

[ ] 405.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. i360**

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement  
Data Subscription Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2021

FEC Identification Number

C [ ]

Transaction ID : SB21B.42346  
Amount of Each Disbursement this Period

[ ] 340.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. i360**

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement  
Data Subscription Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2021

FEC Identification Number

C [ ]

Transaction ID : SB21B.42346  
Amount of Each Disbursement this Period

[ ] 340.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 1085.67

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.42337**  
Amount of Each Disbursement this Period  
15.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Mail Haus**

Mailing Address 1745 Suburban Drive

City De Pere State WI Zip Code 54115

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.42351**  
Amount of Each Disbursement this Period  
1086.92

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1102.87  
6641.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial) <b>A. Susan B Anthony List, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 2800 Shirlington Rd Ste 1200		FEC Identification Number C [ ] <b>Transaction ID : SB29.42260</b> Amount of Each Disbursement this Period [ ] 3528.00	
City Arlington	State VA	Zip Code 22206	Category/ Type [ ]
Purpose of Disbursement Transfer of funds deposited in error 10/26/21 (see sch A)		Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Susan B Anthony List, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 2800 Shirlington Rd Ste 1200		FEC Identification Number C [ ] <b>Transaction ID : SB29.42261</b> Amount of Each Disbursement this Period [ ] 1023.29	
City Arlington	State VA	Zip Code 22206	Category/ Type [ ]
Purpose of Disbursement Transfer of funds deposited in error 10/26/21 (see sch A)		Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4551.29
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 4551.29

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9700**  
**WOMEN SPEAK OUT PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc.			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2800 Shirlington Rd Ste 1200				
City Arlington	State VA	ZIP Code 22206		

Original Amount of Loan 77452.55	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 77452.55
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 11 / 30 / 2017	Date Due MM / DD / YYYY 11/30/2021	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 77452.55
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.13439**  
**WOMEN SPEAK OUT PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc.			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2800 Shirlington Rd Ste 1200				
City Arlington	State VA	ZIP Code 22206		

Original Amount of Loan 10118.58	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10118.58
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 11 / 30 / 2018	Date Due MM / DD / YYYY 11/30/2022	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 10118.58
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ] 87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 30
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Denton US LLP</b>			Nature of Debt (Purpose): Legal Fees
Mailing Address 1900 K Street NW			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period 33139.00	Transaction ID : SD10.39259	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33139.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Denton US LLP</b>			Nature of Debt (Purpose): Legal Fee
Mailing Address 1900 K Street NW			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.42359	
Amount Incurred This Period 2800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2800.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Four Star Printing</b>			Nature of Debt (Purpose): Printed Booklet
Mailing Address PO Box 567			
City Lovettsville	State VA	Zip Code 20180	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.42361	
Amount Incurred This Period 843.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 843.69

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	36782.69
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 30
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Grand Slam Finance Inc.</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address 103 CR 180 #62			
City Leander	State TX	Zip Code 78641	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.42362</b>	
Amount Incurred This Period 1065.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1065.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Media Bridge</b>			Nature of Debt (Purpose): Estimate digital ads
Mailing Address 11300 Astarita Ave			
City Partlow	State VA	Zip Code 22534	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID : SD10.15740</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Existing Loan owed to SBA
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period 10500.00	<b>Transaction ID : SD10.4157</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10500.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	13565.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 30
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Loan for FEC Reporting Services
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	<b>Transaction ID : SD10.4110</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Mailings Expense
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="5204.43"/>	<b>Transaction ID : SD10.4318</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5204.43"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Original transactions put on SBA CC
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="8610.00"/>	<b>Transaction ID : SD10.6625</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8610.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="18814.43"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 30
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Expense put on SBA CC
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4709.73"/>	<b>Transaction ID : SD10.6756</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4709.73"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on SBA Card
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="1894.83"/>	<b>Transaction ID : SD10.9222</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1894.83"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Non-Federal - Supplies
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID : SD10.15960</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6804.56"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 30
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Non-Federal - Travel
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="27.90"/>	<b>Transaction ID : SD10.15958</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="27.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Salary / Contractor Pay
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4324.16"/>	<b>Transaction ID : SD10.39334</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4324.16"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Legal Fees
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4950.00"/>	<b>Transaction ID : SD10.41208</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4950.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="9302.06"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 30
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>			Nature of Debt (Purpose): Mailer Production- Tradewinds See Schedule E
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.41901</b>	
15000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Lukens Company</b>			Nature of Debt (Purpose): Printing and Production (Non-IE)
Mailing Address 2800 Shirlington Rd			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.42366</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7329.75	0.00	7329.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	22329.75
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	107598.49
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	87571.13
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	195169.62